

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # 10/521892

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		1	1-19-05	\$ 100
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>50--0552</u>		
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
<input type="checkbox"/> No Fee Due (Explanation):				

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: paralegal

SIGNATURE: A Johnson

PHONE: 308-9140

OFFICE: PCT

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B